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Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number	10/537,750			
FEE TRANSMITTAL				Filing Date	June 6, 2005	June 6, 2005		
for FY 2011				First Named Inventor	Terry W. Lockridge, et al.			
				Examiner Name	Minh Trang T.			
☐ Applicant claims small entity status. See 37 CFR 1.27				Art Unit	2477			
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorney Docket No.	PU020488			
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METHOD OF PAYMENT				□ None	Othor (sleen	: _i		
Customer Number 2 Deposit Accour For the above-ide Charge for Charge a fee(s) under WARNING: Information information and autho	nt: Deposit Accou entified deposit ee(s) indicated iny additional to 37 CFR 1.16 n on this form ma rization on PTO-	unt Number on account, the discount state of the low fee(s) or ure and 1.17 asy become points.	o <u>r-0832</u> e Director is hereb enderpayments of	f 🛛 Credit any o	ck all that apply (s) indicated b overpayments	iomson Licensii ) pelow, <b>excep</b>	t for the filing fee	
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARC Small Entity				CH FEES Small Entity	EXAMINATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  - 20 or HP =			Fee Paid (\$) 52	Small Entity           Fee (\$)         Fee (\$)           50         25           200         100           360         180           Multiple Dependent Claims           Fee (\$)         Fee Paid (\$)				
HP = highest number of	total cialins paid i	ior, ii greater i						
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Independent Claims	Extr	a Claims	Fee (\$)	Fee Paid (\$)				
Independent Claims - 3 HP = highest number of	or HP =	a Claims	Fee (\$)	Fee Paid (\$)				
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Independent Claims  - 3 HP = highest number of  3. APPLICATION SI If the specification an listings under 37 CFF sheets or fraction the  Total Sheets  - 100 =  4. OTHER FEE(S)	e Extr or HP = independent clair ZE FEE id drawings exc R 1.52(e)), the a reof. See 35 U. Extra Shee	a Claims  Ins paid for, if the eed 100 she application si S.C. 41(a)(1)  Lets	Fee (\$) x = greater than 3.  eets of paper (exclide fee due is \$250 ()(G) and 37 CFR	uding electronically fi 0 (\$125 for small enti 1.16(s). dditional 50 or frac	ty) for each add	ditional 50	Fees Paid (\$)	
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